

I Do Check

Waukesha
Member of **C.A.R.E.S.**
Be prepared to show ID



Waukesha C.A.R.E.S. Membership Agreement Form

As a Waukesha C.A.R.E.S. member, I agree to:

- Check identification when selling alcohol
- Refuse sales of alcoholic beverages to anyone under the age of 21
- Refuse sales to intoxicated customers
- Provide employees with a written copy of establishment policies
- Hold regular staff meetings to enhance communication
- Participate in Responsible Alcohol Server Training
- Keep Unusual Occurrence Log

By signing below, I will actively lead my establishment, along with employees, in reducing underage drinking while also promoting responsible alcohol use among adults:

Establishment Name (print): _____

License Holder Name (print): _____

Signature: _____ **Date:** _____

Primary contact information to receive enrollment packet:

Name: _____ Phone: _____

Address: _____

Email: _____

Mail to:

Waukesha County Drug Free Communities
Waukesha County UW Cooperative Extension
515 W. Moreland Blvd. AC G22
Waukesha, WI 53188

Or fax:

262.548.7787

Once your application has been received, a member of the Waukesha County Drug Free Communities Coalition (DFC) will contact you and provide an enrollment packet.